

ADMISSION FORM

Applied for : SY-LL.B, Semester III & IV

(Please fill in Blue Pen, in Block Letters)

(For Accounts Department Only) SY-LL.B :

Amount Received ₹. _____	Bank Name : _____
Fees Paid on Date _____	PERSONAL BANK DETAILS Branch Name : _____
Mode of Payment : DD / Cheque / Online _____	Account No. _____
Cheque / DD / Transaction No. _____	IFSC Code : _____



SEVA MANDAL EDUCATION SOCIETY'S
SMT. KAMALABEN GAMBHIRCHAND SHAH LAW SCHOOL

(Recognized by Bar Council of India)

(AFFILIATED TO S.N.D.T. WOMEN'S UNIVERSITY)

Smt. Parmeshwari Devi Gordhandas Garodia Educational Complex,
 338, R.A. Kidwai road, Matunga, Mumbai - 400 019, Tel : 022 - 2402 4584
 Email : 322.ggshahlawschool@gmail.com • Website : www.kgshahlawschool.com



To,

The Principal,

Smt. Kamalaben Gambhirchand Shah Law School,
 Smt. Parmeshwari Devi Gordhandas Garodia Educational Complex,
 338, R.A. Kidwai road, Matunga, Mumbai - 400 019, Tel : 022 - 2402 4584

Madam,

With the consent of my guardian, I request permission to join your college. I wish to be admitted to the SY-LL.B.

PERSONAL INFORMATION

1. FULL NAME (in Block letters)	SURNAME	STUDENT'S NAME	FATHER'S / HUSBAND'S NAME	MOTHER'S NAME

2. Permanent Address _____
 _____, Pin Code : _____ Domicile of State other than Maharashtra _____

3. Local Address for Correspondence _____
 _____, Pin Code : _____

Phone _____ Students Mob. No. _____ Email _____

4. Aadhar Card No. _____ 5. Voting Card No. _____

6. Date of Birth : ____/____/____ 7. Place of Birth : _____ 8. Blood Group. _____

9. Mother Tongue : _____ 10. Medium of Instruction in School : _____

11. Nationality : _____ 12. Religion : _____ 13. Caste : _____

Documents (Xerox copies - 1 Set)			
LL.B Marksheets			
- Sem I	<input type="checkbox"/>	- Sem IV	<input type="checkbox"/>
- Sem II	<input type="checkbox"/>	- Sem V	<input type="checkbox"/>
- Sem III	<input type="checkbox"/>	- Sem VI	<input type="checkbox"/>
- Photographs : 2 Nos	<input type="checkbox"/>	- Application Form	<input type="checkbox"/>
(Write on its reverse Name, Class & Year)			

DOCUMENT RECEIPT

Received an application for admission to 2nd Years of LL.B from :

Ms. _____

Received on _____ No. of enclosures _____

College Seal

Receiver's Signature
 SMT. KAMALABEN GAMBHIRCHAND SHAH LAW SCHOOL

Reserved Class	
S.C.	<input type="checkbox"/>
S.T.	<input type="checkbox"/>
O.B.C.	<input type="checkbox"/>
NT/DT	<input type="checkbox"/>
S.B.C.	<input type="checkbox"/>
OPEN	<input type="checkbox"/>

Medium of Examination	
English	<input type="checkbox"/>

Marital Status	
Unmarried	<input type="checkbox"/>
Married	<input type="checkbox"/>
Divorced	<input type="checkbox"/>
Widow	<input type="checkbox"/>

Physically Handicapped	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Gujarati Linguistic Minority	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

14. Name of Parent / Guardian _____ Mobile No. _____
 Occupation _____ Annual Family Income _____

Subjects Selected for : (Note: Once you select a subject, there will be no change thereafter)							
SEMESTER III			SEMESTER IV				
1.	3001	Environmental Law	<input type="checkbox"/>	1.	4001	Administrative Law	<input type="checkbox"/>
2.	3002	Family Laws - I	<input type="checkbox"/>	2.	4002	Family Laws - II	<input type="checkbox"/>
3.	3003	Company Law	<input type="checkbox"/>	3.	4003	Land Laws	<input type="checkbox"/>
				Optional (Select Any 1)			
4.	3004	Law Relating to Transfer of Property & Easement	<input type="checkbox"/>	4.	4024	Banking Law	<input type="checkbox"/>
				4.	4034	Women Law	<input type="checkbox"/>
5.	3201	Practical Training 'B'	<input type="checkbox"/>	5.	4201	Practical Training (as per BCI guidelines)	<input type="checkbox"/>

Information regarding the last qualifying examination

15. Name of College last attended _____
 Address _____

16. Educational Details : (beginning with the latest exam passed)

Name of School / College	Name of Board / University	Stream	Date of Passing	Seat No.	Grade / Total Marks	Out of

16. CET Application ID No. _____ CET Score : _____

DECLARATION

All the information provided above by me is true and I am solely responsible for the same. I understand that my admission will be cancelled if the information furnished by me is found to be false.

Date :

Place

 Sign of the Student

 Sign of the Guardian

I hereby certify that the entries made above by the student have been verified with her original documents and that she is prima facie eligible for admission to the course for which she has applied.

 Verified and Signed by the College Clerk

Date :

Place :

 Sign of the Incharge Principal

Documents (Xerox copies - 1 Set)			
LL.B Marksheets			
- Sem I	<input type="checkbox"/>	- Sem IV	<input type="checkbox"/>
- Sem II	<input type="checkbox"/>	- Sem V	<input type="checkbox"/>
- Sem III	<input type="checkbox"/>	- Sem VI	<input type="checkbox"/>
- Photographs : 2 Nos	<input type="checkbox"/>	Application Form	<input type="checkbox"/>